12 South Second Street Duquesne, PA 15110 Office: 412.466.4746 Fax: 412.469.3795

Please complete the appropriate section for the service(s) you are seeking. <u>INCOMPLETE</u> <u>APPLICATIONS WILL NOT BE HONORED AND RETURNED TO APPLICANT</u>. Fees are due at time of application for all services <u>EXCEPT</u> Building Permits, payable by Cash, Check or Money Order; <u>Payable to CITY OF DUQUESNE</u>.

#### Please note \*NEW FEES\* effective January 01, 2024

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Residential: \$75.00 ( ) Commercial: \$150.00 ( )

Residential applications must be received by Friday of the previous week seeking inspection. Inspections are scheduled on THURSDAYS of each week.

- 1. Application to be completed by OWNER, AGENT AND/OR LESSEE.
- 2. <u>Local</u> contact information must be provided for all company, corporation, LLC or out-of-state owned properties. <u>NO P.O. BOX ADDRESSES</u>
- 3. 1<sup>st</sup> Re-inspection is free; 2<sup>nd</sup> re-inspection and every re-inspection until property passes is \$75.00. (See Ordinance No.2 of 2012 Section 5 Fees, 5.1 & 5.2) Initial inspection applications and re-inspections are only valid for six (6) months from the application date.
- 4. Occupancy application is a four-step process; please allow seven days for processing:
  - a. Application Submission/Payment Processing
  - b. Tax certification by MBM Collections
  - c. If <u>NO</u> tax delinquency you will be contacted with appointment time by Administration. If <u>tax delinquency</u> reported, you will be contacted by Administration with amount needed to resolve delinquency before an inspection can be scheduled.
  - d. **Pass/Fail** Inspection results sent via regular mail to APPLICANT at address listed on application at time of submission.
- 5. NO PERMIT WILL BE ISSUED UNTIL INSPECTION HAS PASSED. NO INSPECTION/PERMIT WILL BE ISSUED IF THERE IS A PRIOR BALANCE ON A WATER ACCOUNT AND/OR IF DELINQUENT TAXES ARE OWED.

OCCUPANCY INSPECTIONS ARE NOT REQUIRED TO CLOSE ON A SALE PROPERTY

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**Commercial Inspector:** 

**Building Inspection Underwriters of Pennsylvania, Inc.** 

	Commercial Fee:	\$150.00 per property
Residential Inspector:	Sabo Home Inspections Residential Fee:	\$75.00 per unit
Date of Application:		
PROPERTY ADDRESS:		
A: APPLICANT:		
City:		
Telephone:		Alternate:
Is this application being	g submitted as part of a	a sale? YESNO
B: CURRENT OWNER:		
Address:		
City:		d d
Telephone:		Alternate:
C: NEW OWNER:		
		5
City:		
Telenhone:		Alternate:
If new owner is not an In	dividual but a Company	, Corporation, LLC, etc., please provide
information for a local co	-	
Name:		
Phone:	Address:	
D: LESSEE:		
Address:		
City:		
Telephone:		Alternate:

Email:
# of Minors Lease Terms:

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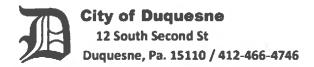
E: RI	ESIDENTIAL PRO	OPERTY INFO	ORMATION (if a	pplicable)	
				Rental	
				Rooms:	
	Number of Inten	ded Occupant	s:		
	Accessory Struct	ture: Yes	No		
F: C(	OMMERCIAL PR	OPERTY INF	ORMATION (if a	applicable)	
				,	
	Number of Seats	in Places of A	ssembly:		
	Number of Empl	lovees:	•		
	Number of Comp	pany Vehicles:			
	Number of Park	ing Spaces:	Nu	mber of Loading Spaces:	
	Is there an Exit S	Sign proposed?	?: Yes	No	
	and conditions of statements and d  By signing below, of for the purpose her there are no liens of Duquesne, and an such use may not be premises are to be	f any occupand lata furnished application is he rein stated. If such occupancy permode extended or cloccupied as a dynamber of persons	cy permit issued pwith this applicate reby made from per ch use complies with her property owned nit will authorize on hanged without substituting, the applicants stated in this appli	uthority to bind such own ursuant to this application ion are TRUE AND CORI mission to occupy the premish provisions of all laws and oby the property owner with the ly the use stated within this agreement application and inspect understands that the occupant cation. Violations to the requirement.	n, and that all RECT. es above described rdinances, and he City of pplication and that ection. If the ancy thereof is to
	SIGNATURE			DATE	
Water	ffice Use Only: Account Current:	Yes	No		
i Innai	d Taxes:	Ves	No	Amount.	

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# The City of Duquesne enforces the 2006 International Property Maintenance Code. The following updates are customary to residential occupancy permit requirements.

(Note that this does not limit the types of violations cited during an occupancy inspection):

- > Exterior maintenance of property
- > Smoke detectors in each bedroom and on each floor (battery operated units acceptable)
- > GFCI outlets within six feet of water including exterior, unfinished basement, garage, kitchens, bathrooms, laundry tub area, etc.
- ➤ Handrails when there are four or more risers present (pertains to interior and exterior stairs)
- > Proper venting of hot water tank and furnace
- > When a window is not present, mechanical ventilation is required in all bathrooms.
- > Fire extinguishers (rental properties only)
- > Electrical wiring in good condition
- ➤ Integral garage ceilings must be completely separated from living space (fire rated 5/8" drywall)
- ➤ Must have solid wood/steel door between basement and an integral garage (20 minute minimum rating)



#### **2025 Landlord Tenant Registration**

(Please Print clearly and legibly)

The annual registration fee is \$100.00 per unit (i.e. duplex will cost \$200.00 per year, 8- unit apartment will cost \$800.00 per year). THE ANNUAL Landlord Tennant fee will be waived for the first year (2024) if the requirements are satisfied. The Certificate of Occupancy will follow the current procedure requiring an inspection with a change in tenant or owner. These fees are \$75.00 per unit for Residential and \$150.00 per unit for Commercial

<u>Required Attachments</u>: Insurance Declaration Page, Annual Landlord Tennant Registration, Certificate of Occupancy (with **ANY** change of tenant)

#### (PROPERTY OWNER INFORMATION):

Property Owner's Name		A	ddress	
City	State	Zip	Cell	E1
Alternate phone	Email			
(AGENT/MANAGER): If landlord	does not reside withi	in (20) miles	radius of the City	
Property Owner's Name		A	ddress	
City	State	Zip	Cell	
Alternate phone	Email			
(INSURANCE PROVIDER FOR: FI attach declaration page.	RE, CASUALTY, AND G	ENERAL LIA	BILITY) Requireme	nt of \$50,000.00 minimal. You must
Insurance Provider Name		ļ.	Address	
Contact Number	Policy Number	er	Email	

NTAL ADDRESS INCLUDING APARTMENT NUMBERS:	TENANT(S) NAME:	CELL:
		X = 0
		<del></del> 3 = 3 <del></del>
ADDITIONAL LINES ARE NEEDED, PLEASE PUT ON A SE	PARATE PIECE OF PAPER	
ADDITIONAL LINES ARE NEEDED, PLEASE PUT ON A SE	PARATE PIECE OF PAPER	
_		ion fee) checks, cash or money order ON
UNITS: X \$ 100.00 = \$	(Total Registrati	
UNITS: X \$ 100.00 = \$  The true to the best of my knowledge, information	(Total Registrati , hereby declare thand belief, and that any fals	nat the facts set forth in this applicat se statements made herein are made
ADDITIONAL LINES ARE NEEDED, PLEASE PUT ON A SE  UNITS: X \$ 100.00 = \$  re true to the best of my knowledge, information abjects to the penalties of the Crimes Code,18 PA applicant Signature):	(Total Registrati , hereby declare thand belief, and that any fals	nat the facts set forth in this applicat se statements made herein are made
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UNITS: X \$ 100.00 = \$ e true to the best of my knowledge, information bjects to the penalties of the Crimes Code,18 PA	(Total Registrati , hereby declare thand belief, and that any fals	nat the facts set forth in this applicat se statements made herein are made orn falsification to authorities.
UNITS: X \$ 100.00 = \$ e true to the best of my knowledge, information bjects to the penalties of the Crimes Code,18 PA	(Total Registrati , hereby declare thand belief, and that any fals	nat the facts set forth in this applicat se statements made herein are made orn falsification to authorities. (Date):
UNITS: X \$ 100.00 = \$ e true to the best of my knowledge, information bjects to the penalties of the Crimes Code,18 PA	(Total Registrati , hereby declare thand belief, and that any fals	nat the facts set forth in this applicat se statements made herein are made orn falsification to authorities. (Date):